



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ANESTHESIA ALLIANCE OF DALLAS, P.A.

Respondent Name

CITY OF DALLAS

MFDR Tracking Number

M4-16-3410-01

Carrier's Austin Representative

Box Number 53

MFDR Date Received

JULY 12, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please reprocess and pay the attached claim, as we submitted it to the correct claims address as soon as we learned of our billing error."

Amount in Dispute: \$373.53

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Based on the submitted documentation and review of the claim file we have determined no recommendation is warranted. Although the original submission was denied for an incorrect reason code there is currently a PLN 1 on file disputing the claim in its entirety. The bill for date of service 12/10/14 has been reprocessed to reflect the correct denial code for the PLN 1 are attached for review."

Response Submitted by: Injury Management Organization

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 10, 2014	Anesthesia Services CPT Code 01810-QZ	\$373.53	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a claim by a health care provider.
3. 28 Texas Administrative Code §133.307, effective May 31, 2012, sets out the procedures for resolving a medical fee dispute.
4. 28 Texas Administrative Code §133.20, effective January 29, 2009, 34 *Texas Register* 430, sets out the procedure for healthcare providers submitting medical bills.

5. The services in dispute were reduced / denied by the respondent with the following reason codes:
 - 29-The time limit for filing has expired.
 - P2-Not a work related injury/illness and thus not the liability of the workers compensation carrier.
 - P6-Based on entitled to benefits.

Issues

1. Does a compensability issue exist in this dispute?
2. Was the disputed bill submitted timely to the respondent?
3. Was the dispute submitted timely to Medical Fee Dispute Resolution (MFDR)?

Findings

1. The August 1, 2016 explanation of benefits indicate that the respondent denied reimbursement for the disputed anesthesia services, CPT code 01810-QZ based upon reason codes "P2-Not a work related injury/illness and thus not the liability of the workers compensation carrier," and "P6-Based on entitled to benefits."

Per 28 Texas Administrative Code §133.307(d)(2)(F), "The response shall address only those denial reasons presented to the requestor prior to the date the request for MFDR was filed with the division and the other party. Any new denial reasons or defenses raised shall not be considered in the review."

The request for medical fee dispute resolution was received by the Division on July 12, 2016. Based upon the submitted documentation, the denial reasons raised on the August 1, 2016 explanation of benefits were not presented to the requestor prior to the date the request for MFDR; therefore, per 28 Texas Administrative Code §133.307(d)(2)(F) the new denial reasons will not be considered in the review.

2. According to the explanation of benefits, the respondent denied reimbursement for the disputed anesthesia services based upon reason code "29-The time limit for filing has expired."

Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

Texas Labor Code §408.0272(b)(1) states, "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."

Texas Labor Code §408.0272(c) states, "Notwithstanding Subsection (b), a health care provider who erroneously submits a claim for payment to an entity described by Subdivision (1) of that subsection forfeits the provider's right to reimbursement for that claim if the provider fails to submit the claim to the correct workers' compensation insurance carrier within 95 days after the date the provider is notified of the provider's erroneous submission of the claim."

The requestor submitted documentation that supports the following:

- The disputed date of service is December 10, 2014.
- The requestor initially sent the medical bill to United Healthcare.
- United Healthcare paid the bill.
- On April 6, 2016, Optum requested refund of the payment because correct carrier is Tristar Risk Management.
- Initial explanation of benefits from Injury Management Organization dated April 18, 2016.
- Request for reconsideration explanation of benefits from Injury Management Organization dated May 16, 2016.

The division finds that the requestor supported position that they initially billed United Health Care within the 95 day deadline per Section 408.027(a). In addition, the requestor supported that once they were notified that Tristar Risk Management was the correct carrier, a bill was submitted to them within 95 days. The Division concludes the requestor supported that bill was submitted timely to carrier.

3. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The date of service in dispute is December 10, 2014. The request for medical dispute resolution was received in the MFDR section on July 12, 2016. This date is later than one year after the date of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B) to meet the exception for untimely filing. The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

08/04/2016

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.